## PART B - ISSUE FEE TRANSMITTAL

M/ LING INSTRUCTIONS: This form should All further correspondence including the Issue Fe	d be used for transmitting the IS	SSUE FEE	E. Blocks 2 through 6 should be completed where appropriate.  Indication of maintenance fees will be mailed to addressee					
entered in Block 1 unless you direct otherwise, by FEE ADDRESS, for maintenance fee notification	<ul> <li>(a) specifying a new correspondent</li> </ul>	ondence a	ddress in Block 3 below; or (b) providing the PTO with a separate					
	correspondence is	being						
1. CORRESPONDENCE ADDRESS	deposited with the							
	States Postal Serv		INVENTOR'S NAME					
	first-class mail in		Street Address  S and ity, State and ZIP Code					
CORADENTE	envelope addresse Commissioner, of, I	:u to: Patents						
CMARCES J. KNUTH : 235 EAST 42ND ST.	Trademarks Wash	lington,	D SO-INVENTOR'S NAME					
NEW YORK, NY 1001X	20231, on this	1990	Street Address					
1000	<b>3</b> 4:	<del></del>	City, State and ZIP Code					
	By Robert 3.	- Junh						
			Check if additional changes are on reverse side					
SERIES CODE/SERIAL NO. FILING DA	ATE TOTAL CLAIMS	·	EXAMINER AND GROUP ART UNIT DATE MAILED					
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07/044,086 04/29/	<u> 187 - 048 - C</u>	COVINE	STON, R 129 04/09/90					
Applicant CROSS,	PETER	.F.						
TITLE OF INVENTION		A						
INVENTION ANTI-ARRHYTHMIC AGEN	ITS		•					
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3. Further correspondence to be mailed to the fol	lowing:	4. For p	rinting on the patent front					
Peter C. Richardson Pfizer Inc. Patent Department - 20th Fl. 235 East 42nd Street		page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered  1 Peter C. Richardson Paul H. Ginsburg						
					New York, N.Y. 10017	• •	,	or agent. If no name is a name will be printed.
						DO NOT LIGHT		
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5. ASSIGNMENT DATA TO BE PRINTED ON THE PARTIES OF ASSIGNEE:	ATENT (print or type)		6a. The following fees are enclosed:  Issue Fee Advanced Order - # of Copies					
Pfizer Inc. (2) ADDRESS: (City & State or Country) New York, N.Y.			6b. The following fees should be charged to:  DEPOSIT ACCOUNT NUMBER 16-1445					
					(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION			(Enclose Part C)
Delaware			X Issue Fee X Advanced Order - # of Copies 10 X Any Deficiencies in Enclosed Fees (Minimum of 10)					
A. This application is NOT assigned.								
Assignment previously submitted to the Patent and Trademark Office.			The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.					
Assignment is being submitted under separate cover. Assignments should be		ľ	(Signature of party in interest of record) (Date)					
directed to Box ASSIGNMENTS.  PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filling an assignment.			Robert F. Sheyka, Reg. No. 31, 304  NOTE: The Issue Fee will not be accepted from anyone other than the					
					applicant; a registered attorney or agent; or the assignee or other party In interest as shown by the records of the Patent and Trademark Office.			

TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE

## **Certificate of Mailing**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

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Robert F. Sheyka

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This form is estimated to take 20 minutes to complete. Time will vary depending upon the needs of the individual applicant. Any comments on the amount of time you require to complete this form should be sent to the Office of Management and Organization, Patent and Trademark Office, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.